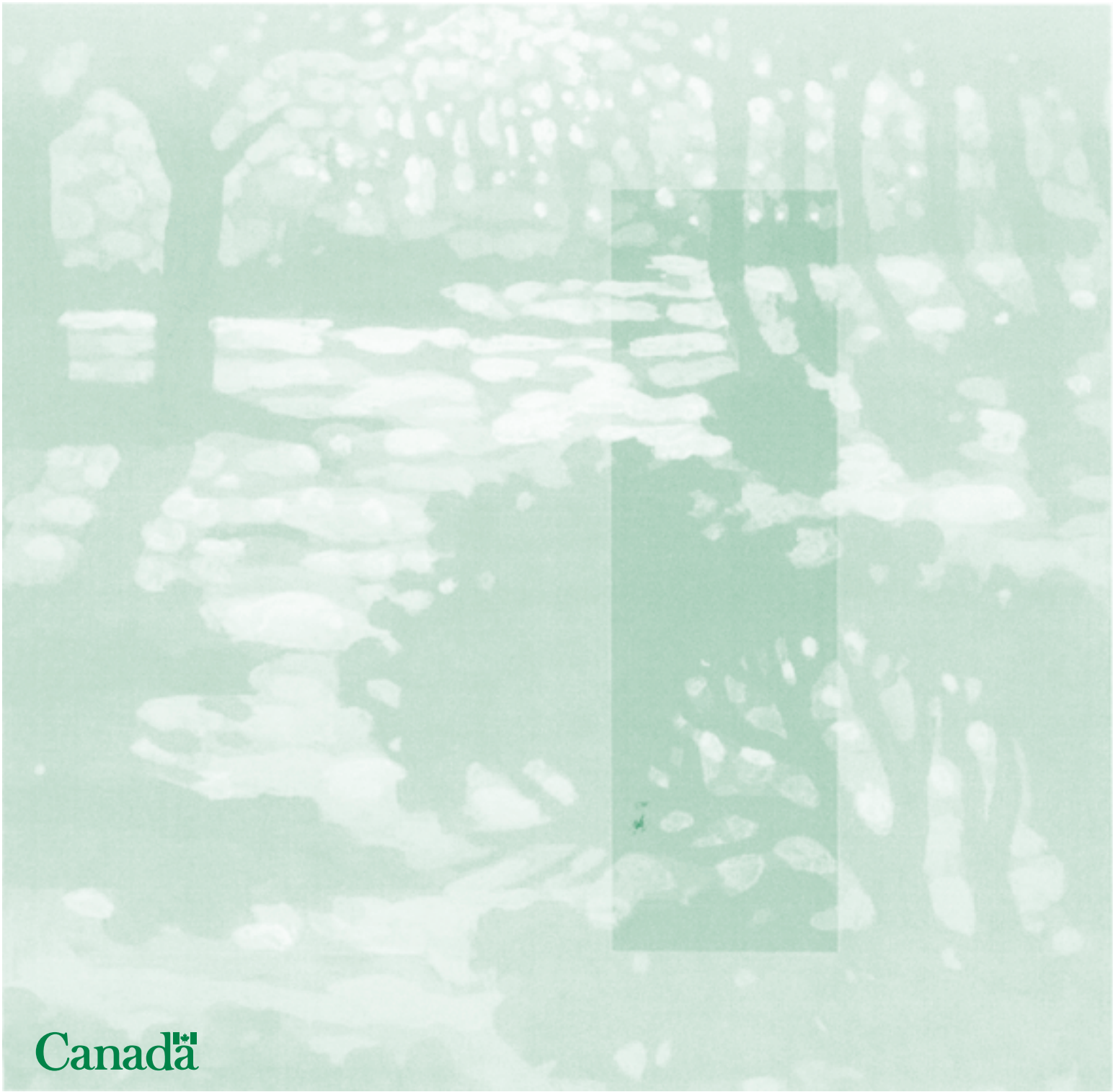
Health Canada Santé Canada

Summary Report
Workshop on Best Practices
Treatment and Rehabilitation for Women with Substance Use Problems
June 6 and 7, 2002



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1.0 BACKGROUND AND OPENING REMARKS

On June 6 and 7, 2002, forty professionals from across Canada working with women with substance use problems got together in Ottawa for the Workshop on Best Practices in Treatment and Rehabilitation for Women with Substance Use Problems. During the 2-day workshop, the participants had the opportunity to share information and experience and continue to build on their knowledge of best practices in treatment and rehabilitation for women. Stéphane Racine, Acting Manager of the Treatment and Rehabilitation Division, Office of Canada's Drug Strategy, Health Canada, welcomed the participants and discussed the objectives of the workshop:

- to disseminate best practice knowledge based on the publication *Best Practices - Treatment and Rehabilitation for Women with Substance Use Problems*;
- to network and exchange information on issues pertaining to the best practices; and
- to identify how best to apply the best practices to treatment and rehabilitation programs and services for women within their respective provinces/territories.

The workshop builds on the Research Agenda approved by the Federal/Provincial/Territorial Committee on Alcohol and Other Drugs Issues. It was structured to facilitate a high level of discussion and exchange among participants and focussed on four main topic areas:

1. Outreach, Contact and Engagement
2. Treatment Approaches
3. Client Retention
4. Barriers

Four experts presented their program/service with a focus on one of the main topic areas:

- *Nancy Poole from The Aurora Centre, British Columbia* – presented on Outreach, Contact and Engagement.
- *Nancy Hicks from Ridgewood Addiction Services, New Brunswick* – presented on Treatment Approaches.
- *Nanci Harris from Jean Tweed Centre, Ontario* – presented on Client Retention.
- *Colleen Allan from Addictions Foundation of Manitoba, Manitoba* – presented on Barriers.

These presentations served as the starting point for discussions. The employees of the Treatment and Rehabilitation Division of the Office of Canada's Drug Strategy, Health Canada and the workshop participants appreciated their contributions to the workshop.

2.0 BEST PRACTICES – OUTREACH, CONTACT AND ENGAGEMENT

2.1 Presentation by Nancy Poole

Increasingly service providers realize the importance of addressing substance use problems in the context of other issues, including mental health concerns, the experience of violence, and HIV. Further, the broader determinants of health as experienced by women need to be addressed in conjunction with substance use problems. The implications for outreach are numerous.

Substance abuse treatment and rehabilitation agencies need to continually broaden their outreach programs to include other agencies and professionals that work with women and are in a position to refer women with substance use problems to treatment and rehabilitation programs. The misinformation about the substance abuse field itself and the process of recovery needs to be addressed to raise awareness and educate all collateral service providers. Strategies to achieve this can include: distributing program specific promotional materials which profile services; building and fostering trans-disciplinary networking opportunities; presenting related topics at conferences; and using established networks, such as the Canadian Centre on Substance Abuse (CCSA).

Substance abuse programs and services need to be profiled so that other agencies and professionals are encouraged to cooperate and collaborate with those working in the substance abuse treatment and rehabilitation field.

Further outreach strategies to encourage other agencies and professionals to refer women to treatment and rehabilitation programs could include:

- **Supporting their practice**. By providing handouts and posters, and sample questions to use in screening for substance use; by teaching basic intervention strategies at local community colleges and universities.

- **Building on commonalities of approach.** For example the progressive, strength-based theories in the fields of psychology and trauma recovery.

- **Profiling and providing integrated programming**. Make a profile of how your program emphasises safety, offers trauma-related programming, and is culturally competent.

It is important to address barriers to improve access for women. This can be achieved by:

- **Making treatment compatible with mothering.** Women need to know that they have options in programs that include care of their children or support for finding safe places for them.

- **Offering a menu of services.** Access can be greatly enhanced by offering a menu of services addressing key health issues (for example, trauma, smoking, culturally specific needs) as well as treatment and rehabilitation for the substance abuse. Women respond positively when they can understand that all their concerns will be addressed.

- **Make treatment affordable**. Intensive day treatment is an alternative for women who cannot pay for a residential program. Day treatment is more affordable if women do not have to travel long distances. Covering the costs of child care and bus fare is also helpful. Group work in outpatient settings is a good alternative and/or adjunct to residential treatment.

- **Provide harm reduction programming as an alternative to other services**. Access to treatment for some women (especially pregnant and parenting women) can be increased by harm reduction approaches that do not require women to be abstinent and that support any changes women can make; the focus is on the health and social issues impacting women as a way of reducing the pressure to use.

Nancy concluded her presentation by emphasizing the need to define values in addiction work at the service level and on a system-wide basis. Clearly defined values form the foundation for all women's services.

2.2 Strategies for Applying Best Practices – Outreach, Contact and Engagement Identified by the Participants

Outreach

Reaffirm the importance of outreach. Outreach activities should be done despite the risks of burdening the system with new clients. The goal should include treatment, rehabilitation and education. Outreach must involve finding people where they are in many different settings and following up with referrals.

Communicating with potential clients and the public
Oral communication is considered to be more effective than printed materials. Radio call-in shows, presentations to community groups and other opportunities to talk in person about substance abuse are favoured over the printed word. The messages delivered should be woman-centred, should emphasize that treatment is a first step, and should highlight the range of services available, and where applicable indicate that they are free of charge.

Printed materials can be used, but need to be plainly written and designed for easy faxing or copying. To reach new clients, written material highlighting difficult issues in women's lives rather than focussing on substance abuse (for example a pamphlet with a title "You can't come to my house" – for children living with addiction, developed by the Addictions Foundation of Manitoba) are considered to be more effective.

Educating those in a position to refer
There is a need for training of medical, nursing and social work students either in the university/college setting or via community placements. In some cases university degree programs have invited addiction services to participate in developing course curriculums. Exposing students to clients in the agency setting can be an effective educational approach. Education workshops could be offered to physicians.

Empowering Clients
Clients can be empowered with information and support via Websites, chat lines, help lines and 1-800 numbers.

3.0 BEST PRACTICES – TREATMENT APPROACHES

3.1 Presentation by Nancy Hicks

Nancy presented an overview of substance abuse services for women in the province of New Brunswick and specific services offered by the Ridgewood Addiction Services. She noted that prescription drug abuse is a large problem in New Brunswick and highlighted the need to work more with physicians.

The services provided for women by Ridgewood include inpatient detoxification, outpatient counselling and residential rehabilitation. Outpatient counselling is the least intrusive and most requested form of treatment. Services for women are characterized by gender specific counsellors; priority admission to families with children in care; referrals for women with identified health problems/medication issues to a chemical dependency nurse counsellor for assessment/intervention; referrals to other appropriate resources as needed; and, an emphasis on appropriate treatment matching.

The rehabilitation program is a three-week closed residential program for women only. The program takes a holistic approach with multi-component skills training and offers intense group therapy and wellness support. Content is easily shifted, female-specific issues are addressed, and post rehabilitation support is provided by female counsellors or support groups.

Priority admission for pregnant women and strong linkages with mental health support all the programs.

Additional key issues to consider when planning treatment:

- Women are less likely to disclose in mixed-gender groups.
- Mixed gender groups are usually educationally based or are only appropriate for individuals who are further along on the recovery continuum.
- Women often view their counsellor as the main connection for all life issues, for example, “I’m thinking about moving."
- Women experience huge grief and loss issues.
- Women need lots of reassurance. Staff need to emphasize assisting women to try new behaviours.
- Staff need to set very clear boundaries re: disclosure, both in the group and individually.
- Staff need to set a very appropriate pace for group learning, integration, and disclosure.
- Staff need to assist women in ‘naming’ what they want.
- Women use more medication and are attached to their medication.
- Women have fewer resources than men, including money, transportation, housing.

Nancy highlighted focus charting as a process that supports successful treatment experiences. In focus charting, documentation is broken down into data, assessment, intervention, response and planning. All of the information comes from the client except staff observations and details on the intervention (what the agency does). This emphasizes that clients are in charge of their own recovery efforts.

A new development in their programming will be to provide clients with computer access (through Access New Brunswick) so that they can get information about childcare, health issues, or any other issue they may need help with. The purpose is to continue to empower clients to take charge of their own health through increased knowledge.

3.2 Strategies for Applying Best Practices – Treatment Approaches Identified by the Participants

Broaden Understanding of Substance Use Problems
Staff training is needed to broaden the understanding of substance use problems to reflect a more holistic approach. The determinants of health need to be incorporated into treatment assessment. Staff should be provided with the opportunity to learn more about areas that are less emphasized in treatment, such as physical health issues, and should be given the tools to facilitate a positive impact in these areas.

Linkages
There is a need to improve linkages with the mental health community as well as with other referral agencies/organizations.

Menu of Services
Successful programs offer a variety of services and a continuum of care, provide individual treatment planning, and address cultural differences.

Rural Access
Various strategies need to be adopted for women in rural areas to enable them to access services in larger centres. Ideas put forward include telesites for consultation and assessment purposes, Internet list serves and webcam.

Relapse Intervention
It is “OK” to come back. Relapse should be seen as a learning opportunity for both the client and the service provider.

Recovery Plans
Recovery plans are essential-tool and can be empowering for women. At the end of an intense treatment and rehabilitation program, women tend to feel empowered. However, it needs to be recognized that recovery plans are essential to maintain treatment and rehabilitation gains.

Smoking and Drinking
There are chemical links between smoking and drinking, and where needed the two should be addressed jointly.

Treatment and Rehabilitation Standards
There is a role for governments in helping communities and health authorities apply best practices. Guiding principles, standards of best practices, appropriate assessment measures (psychometric and narrative) and outcome monitoring systems need to be developed.

4.0 BEST PRACTICES – CLIENT RETENTION

4.1 Presentation by Nanci Harris

Nanci presented a summary of factors that support client retention at Jean Tweed Centre (a residential program in Ontario):

- **Flexibility**. This a quality that needs to be present in both the staff and structure of the program. It is also important to look at individualized lengths of stay in treatment programs to better meet individual client's needs.

- **Client centred model**. Jean Tweed Centre incorporate a variety of treatment approaches within the context of being "client centred". They situate the woman's use of drugs and alcohol within the broader context of her life experience which includes the physical, emotional, economic, social and spiritual aspects.

- **Individual client time given**. When needed women receive individual counselling.

- **Engaging the client**. The staff very consciously use language and works hard to create and environment that conveys respect and a belief that women who come to Jean Tweed Centre are capable of making lasting positive changes in their lives. Clients are considered active equal participants in doing the work required.

- **Non-judgmental hope**. As reported by former clients, the Centre provides a sense of hope that clients can change and reclaim their lives. It is very important for women not to feel judged, especially women involved in the sex trade who are already carrying loads of guilt and shame. In recognition of the fact that women who have participated in illegal activities often feel different, some of the programming is done separately for those women to create a higher level of safety and comfort.

- **Multi-functional services.** The ability to provide a full range of services that women need means they don't have to initiate and maintain relationships with multiple service providers. This reduces the likelihood that clients will drop out of treatment. In Toronto, "Breaking the Cycle" is an addiction and parenting program for pregnant women or women parenting children under the age of six. They brought together welfare, public health, children's health and the Motherrisk program under the same roof as a way of offering the clients one trusted space working with their program counsellor to address their life issues.

- **Regular participation in Phase I**. Women do much better when they are able to come to pre-treatment support groups if they are within commuting distance, or if they have regular support and contact with their referral agency when from out of town.

- **Families engaged at earliest stage.** Women are supported in establishing a support group for themselves (not necessarily traditional family members) and the program examines how families may contribute to the addiction, and how they can help during treatment and rehabilitation.

- **Childcare.** Providing childcare services can greatly improve client retention.

There are also many staff factors that influence client retention:

- **Work as a team.** Staff inform their clients from the beginning that they work as a team and that decisions are not made by individual counsellor.

- **Staff convey acceptance and hope.** Women are shown that they are valued by the courtesy and respect they receive from staff.

- **Flexible meeting times for clients**.

- **Continuity of support between program and residential staff**. At the Jean Tweed Centre regular meetings for residential and treatment staff are held twice a day to debrief and pass on relevant information.

- **Regular clinical supervision**. Staff need regular supervision to do the work effectively and not burn out. An external clinical supervisor is also present twice a month to conduct professional supervision to the clinical team as a whole.

- **Provision of ongoing training and development**. The program allows educational days (for example, three days per year) for staff to obtain training in areas of interest to them. Training staff on the many issues that clients may be dealing with such as personality disorders, eating disorders, traumatic experiences, etc., will help staff addressing these issues in their programming and be better equipped to respond.

- **Client Matching**. The quality of the relationship between the client and the counsellor is key. Gender specific treatment will be required, but the quality of the treatment is dependent on the development of good rapport and working relationships.

4.2 Client Retention – Challenges and Strategies Identified by the Participants

Waiting Lists

It can be difficult for clients to remain engaged while waiting for services. Short workshops on health promotion could be offered to clients, or assistance in accessing other programs in the community.

Flexibility of Services
Services need to be flexible. For example, some clients are not suited to group work, therefore one-on-one sessions would be required for them to succeed. Clients respond best when services meet their needs and are adapted to their circumstances.

Inadequate Detoxification
Inadequate detoxification can limit clients' ability to complete a program. Options for home detoxification with appropriate standards and protocols should be developed. During the detoxification phase, women experience a high level of physical and emotional vulnerability which can impact retention. Agencies need to 'normalize' the detoxification experience for women by explaining exactly what will happen to them and include them in decision-making regarding their care.

Inappropriate Referrals
In some cases clients are not properly referred and/or are not ready for treatment and rehabilitation. Agencies need to build good relationships with referring agencies and provide education so that these situations are avoided.

Closed Intake System
Clients who have to wait to be admitted are less likely to follow through when intake dates are limited to certain days or times of the month. Open admissions with continuous intake would ensure clients are linked with the system when they are ready.

Cultural Sensitivity
Clients' comfort level and the likelihood that they will remain in treatment and rehabilitation increases when services are sensitive to their culture and language needs. Formalized standards and the process for assessment, and program design need to be reviewed for cultural sensitivity. Programs should reflect the diversity of the clients they serve.

Language Barriers
Agencies can alleviate language barriers by hiring language-specific staff, having more and easier access to interpreters, providing written information in specific languages, and consulting women to find what works best in helping them overcome language barriers.

Client Lifestyle
Clients without stable housing or who are transient need a non-judgmental open-door setting. Incentives, such as lunch, coffee, money for telephone, etc., can also help.

Physical Environment
Many women seeking treatment and rehabilitation are intimidated by unfamiliar, institutional settings. This can be alleviated by having program staff meet and greet clients in a welcoming manner.

5.0 BARRIERS TO TREATMENT AND REHABILITATION

5.1 Presentation by Colleen Allan

Colleen presented some of the barriers to treatment and rehabilitation that women with substance use problems may have to overcome:

- **Shame and guilt**. Many women feel shame for not meeting what they perceive to be society's expectation, and are socialized to attend to others' needs before their own.

- **Problems acknowledging the impact of their use**. Some women do not realize fully the significance of drug interactions or believe that the problem does not apply to them.

- **Fear of losing love and support or of being isolated**. Many women are emotionally and financially dependent on their partners. Others fear losing their children

- **Being overwhelmed by other issues or problems**. The poor, working poor and seniors face increased barriers to recovery.

- **Resources**. For example, lack of access to transportation, nutritious food, medication and adequate housing are additional barriers that add to women's stress and distress.

- **Lack of family support**. The majority of women who are experiencing substance use problems lack the family support needed for successful treatment and rehabilitation.

- **Social stigma**. In general society views women who misuse substances more harshly than men.

- **Culture**. Some cultures and certain religious denominations have sanctions against the use of alcohol. This can inhibit women from acknowledging a problem and seeking help.

- **Literacy and language issues**. It is extremely difficult for women who lack basic literacy skills or the agency's primary language to feel comfortable and safe accessing and participating in treatment and rehabilitation programs.

The Addiction Foundation of Manitoba (AFM) works to reduce these barriers for women by collaborating and advocating on their behalf with agencies and organizations who provide services and programs to women. Their strategy has been to establish a Community Prevention Program and Education Prevention Consultants (PEC).

- **Community Prevention Programs Unit in Winnipeg and PEC's**. Across the province of Manitoba, PEC's staff provide agencies, workplaces, professional associations, educational institutions and the general community with a range of programs and services from primary to tertiary prevention. Special attention is given to training immigrant women's groups to offer addiction services.

The AFM also works to reduce the structural and program barriers that exist:

- **Limited program outreach**: AFM has an overall marketing strategy with a multi media approach and provides the public and physicians with a range of resource materials. They have also partnered with Manitoba's major educational institutions to integrate drug and alcohol information into professional training curriculums.

- **Inadequate referral systems/attitude of service providers**. The AFM provides education and training programs for the majority of referral sources (for example, family violence workers, paraprofessional training programs, child and family services, community health nurses and many others).

Colleen concluded her presentation by emphasizing the need to continue to foster and build on inter-agency cooperation and collaboration. There is an ongoing need for health and social service professionals to have current information about the prevention, treatment and rehabilitation, and continuing care needs of women, to ensure timely and appropriate referrals based on their needs. The sharing of information and resources will reduce many of the personal, interpersonal, sociocultural, and structural barriers women are currently facing and greatly assist with the development of a comprehensive continuum of care.

5.2 Challenges and Strategies – Barriers to Treatment and Rehabilitation Identified by the Participants

Context of Women's Lives
Isolation in the home, the fear of leaving, abuse, co-dependence, unstable housing, lack of transportation and many other factors in women's lives are barriers to successful treatment and rehabilitation.

Gaps in Services
Many women return to their communities without ongoing support. This could be remedied by providing aftercare, long term care programs, or services to help them reconnect with family/friends they may have been estranged from. This is particularly an issue for women without transportation or telephone. More recognition of the gaps in services, along with resource allocation, is needed by governments.

Physical Accessibility
Wheelchair access continues to be a barrier and where the physical installations exist they need to be inspected more regularly.

Coordination Among Agencies
Coordination is generally not adequate. Agencies should be doing more mutual screening and referral as it would allow them to focus on providing specific services, rather than being 'everything to everyone'. This requires a willingness to be clear about the services that they do not provide, which is sometimes a challenge.

Child Protection
Inadequate information-sharing with child protection units continues to be a barrier in providing effective treatment and rehabilitation to women. Agencies in British Columbia developed a protocol to clarify the relationship with child protection units.

Staff Training
Sometimes the philosophy of an agency is not known or understood by staff and is therefore not adequately reflected in the delivery of services. Staff should be involved in policymaking for the agency and should have ongoing opportunities to discuss how policies translate into action.

Drug Trends
Increasing use of a variety of opiates and narcotics that agencies are not familiar with can be a barrier because services may need to be adjusted to the differing manifestations of drug dependencies. Early warning systems, such as CCENDU (Canadian Community Epidemiology Network on Drug Abuse), need to be utilized and agencies need to work closely with the police and justice system to be able to provide timely responses.

Use of Volunteers
Volunteers who are former clients or other interested individuals can be helpful in many ways, for example, as educators in specific areas, or to assist with organizational tasks that agencies do not have the resources for paid personnel. There are concerns about using volunteers to provide direct services to clients and most do not.

6.0 LOOKING AHEAD: APPLYING BEST PRACTICES

The final exercise was designed to encourage participants to think about concrete ways for applying best practices in their community or jurisdiction and the support that would enable this process.

Sharing the Results of the Workshop
The workshop report will be circulated within participating agencies and governments

Review of Current Programming
Conduct a review of agency services in relation to best practices. This would include mapping and assessing services, and examining the philosophy of the agency and staff. Staff would need to be involved in the review and participate in building services to reflect best practices.

Improvements to Services
Participants identified a number of improvements they would like to make according to best practices:

- *Individualized length of stay*. Work to increase the accessibility of this approach. Funding would be required to assist with transportation. Satellite sites and webcam capability would be required to make services accessible to women in many areas.
- *Young women*. Develop new strategies for working with young women based on best practices. Equip staff with the knowledge to carry this forward.
- *Long-term recovery*. Increase in the number of long-term recovery homes.
- *Review written materials*. Ensure that materials are accessible and appropriate to women's literacy levels.
- *Remote areas*. Advocate for treatment and rehabilitation centres in places where they do not exist, such as Iqaluit.

Child Protection Protocol Development
Possible development of protocols on local and provincial levels to improve child protection and lessen the barriers and gaps related to child protection.

Best Practices Standards and Outcome Measures
Establish standards and outcome measures specific to women, which could also be used for future funding guidelines, program evaluation and promotional activities. Work with funders to encourage the adoption of best practices' standards.

Local Networking
Use the publication *Best Practices – Treatment and Rehabilitation for Women with Substance Use Problems* as a guideline to review existing inter-agency work and ensure that all agencies are aware of the best practices. Where local networking does not exist, try to establish strong relationships with other community resources and work with them to continue to address barriers in programming.

Regional/Provincial Networking
Establish or revitalize existing networks for the purpose of collaboration and information-sharing. This could also involve obtaining funding for outreach work (for example, a newsletter, information pamphlets, media outreach work).

National Network
Participants indicated a desire to establish a national network of service providers. This would allow for broad exchange of information via a number of mechanisms, list serve, bimonthly teleconferences, conferences, web casting and chats. It would also increase effectiveness of advocacy efforts aimed at improving services for women and promoting best practices. There is a Listserv (WSUP Listserv) already in place on the Canadian Centre on Substance Abuse (CCSA) Website. The instructions for joining the network are available on CCSA Website at www.ccsa.ca/womgene.htm. The purpose of this list is for exchanging information and offering support around women's treatment issues.

Waiting list
There is a need to develop new solutions to reduce waiting lists for treatment.

7.0 CONCLUSION

The success of this workshop was noted by the comments received from the participants "*the workshop provided wonderful opportunities to network with women from all over Canada*, *to share expertise, knowledge and new ideas on best practices treatment and rehabilitation, and to forge new partnerships".*

This summary report and the publication *Best Practices – Treatment and Rehabilitation for Women with Substance Use Problems* from which this workshop was based on, are available on the Office of Canada's Drug Strategy Website at www.hc-sc.gc.ca/hecs-sesc/cds/index.htm.

Treatment and Rehabilitation Division
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